

## TRANSMITTAL FORM

Application Number 09/733,239

Filing Date December 8, 2000

First Named Inventor Blake, James

Art Unit 1648

Examiner Name Emily M. Le

Attorney Docket Number 02558P-001340US

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 4

ENCLOSURES (Check all that apply)											
$\boxtimes$	Fee Transi	mittal Form	Draw	ring(s)				After Allowance Communication to TC			
	Fe	Fee Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences				
	Amendme	nt/Reply	Petiti					nmunication to TC ce, Brief, Reply Brief)			
	.After Final Affidavits/declaration(s)		Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund			P P	Proprietary Information				
$\boxtimes$						Oth	tatus Lette				
	Extension of Time Request						ther Enclo elow):	osure(s) (please identify			
	Express Abandonment Request					Return P					
	Information	n Disclosure Statement	CD, I	Number of CD(s) _							
				Landscape Tabl	e on CD		•				
	Certified C	opy of Priority (s)	Remarks		andscape Table on CD  The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.						
	Reply to M Application	ssing Parts/ Incomplete									
	Re	ply to Missing Parts						•			
	uni	der 37 CFR 1.52 or 1.53		,		•					
		SIGNA	TURE OF A	PPLICANT, A	TTORNEY.	OR AGE	IT.	,			
Firm N	Name	Townsend and Town			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		···	-			
		Townsend and Town	send and Cre	W LLP							
Signat	ture	Brin h	). Por								
Printed name Brian W. Poor											
Date		January 28, 2008			Reg. No.	32,928					
CERTIFICATE OF TRANSMISSION/MAILING											
CERTIFICATE OF TRANSIVIISSICIA/WAILING											
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.											
Signa	ature	anni	n VRU	_							
Турес	d or printed r	printed name Jamie Vrsek Date January 28, 2008									

3 1 2008 w				PTO/SB/17 (					
/ !! Effec	tive on 12/08/2004.		Complete if Kr	nown					
Fees study uant to the Consolid	lated Appropriations Act, 2005 (H.R. 4	L Application Num	ber 09/733,239						
PEE IK	ANSMITTAL	Filing Date	December 8, 2	2000					
	FY 2007	First Named Inv	entor Blake, James						
<del></del>	······································	Examiner Name	Emily M. Le						
Applicant claims small	entity status. See 37 CFR 1.27	Art Unit	1648						
TOTAL AMOUNT OF PA	AYMENT (\$) 0	Attorney Docket	No. 02558P-00134	10US					
METHOD OF PAYMEN	T (check all that apply)								
Check Credit Card Money Order None Other (please identify):									
=	Deposit Account Number: 20-143	<del>-</del>		Townsend and Crew LLF					
For the above-ide	ntified deposit account, the Direct	ctor is hereby authorized	to: (check all that apply)						
Charge fee(s	s) indicated below	Char		except for the filing fe					
under 37 CFI	additional fee(s) or underpayment R 1.16 and 1.17 Is form may become public. Credit n on PTO-2038.	Credi	t any overpayments of be included on this form.	Provide credit card					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
i. brown iemo, cer	FILING FEES	SEARCH FEES	EXAMINATION FE	ES					
Application Type	Small Entity Fee (\$) Fee (\$)	Small Entity Fee (\$) Fee (\$)	Small Entity Fee (\$) Fee (\$)	Fees Paid (\$)					
Utility	310 155	510 255	210 · 105						
Design	210 105	100 50	130 65						
Plant	210 105	310 155	160 80						
Reissue	310 155	510 255	620 310						
Provisional	210 100	0 0	0 0						
2. EXCESS CLAIM FE		U U	o o	Small Entity					
Fee Description	-0		Fee (\$)						
Each claim over 20 (			50	25					
	aim over 3 (including Reissu	es)	210	105					
Multiple dependent of		For Boid (\$)	370	185					
Total Claims -20 or HP	Extra Claims Fee (\$)  = X	Fee Paid (\$)	Fee (\$)	e Dependent Claims Fee Paid (\$)					
	aims paid for, if greater than 20  Extra Claims Fee (\$)	Fee Paid (\$)							
···-···	=X	_ =							
•	endent claims paid for, if greater than 3	3 .							
3. APPLICATION SIZE	: FEE I drawings exceed 100 sheets	of naner (excluding e	electronically filed sec	wence or computer					
listings under 37 C	FR 1.52(e)), the application :	size fee due is \$260 (\$	3130 for small entity)	for each additional 50					
	hereof. See 35 U.S.C. 41(a)(								
Total Sheets	Extra Sheets Numb	oer of each additional 50	or fraction thereof	ee (\$) Fee Paid (\$					
- 100 =	= / 50 =	(round <b>up</b> to a v	vhole number) x	=					
4. OTHER FEE(S)				Fees Paid (					
Non-English Speci	fication, \$130 fee (no sma	all entity discount)		\$1560.00					
Other (e.g., late fil	ing surcharge). Notice of A	ppeal (\$510.00), 3-mc	onth Extension of						
Other (e.g., rate iii	Time (\$1050	0.00)							
SUBMITTED BY									
Signature	? ' /1) P	Registration No.	32,928 Tele	phone 206-467-960					
1/	Brian W. Pour	(Attorney/Agent)	32,023	· 					
Name (Print/Type) Brian	W. Poor		Date	January 28, 2008					